

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

**Proposing rule making related to five-year rules review
and providing an opportunity for public comment**

The Human Services Department hereby proposes to amend Chapter 36, “Facility Assessments,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code chapter 249A.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 249A.

Purpose and Summary

The rules in Chapter 36 were reviewed as part of the Department’s five-year rules review. This rule making proposes technical changes to remove the word “enterprise” from Iowa Medicaid, to remove form names, and to update unit names and addresses.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on July 19, 2022. Comments should be directed to:

Nancy Freudenberg
Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend paragraph **36.2(1)“a”** as follows:

a. Use Form 470-5422, ~~Intermediate Care Facilities for Individuals with an Intellectual Disability Assessment Calculation Worksheet~~, to calculate the quarterly fee due.

ITEM 2. Amend paragraph **36.2(4)“b”** as follows:

b. Requests for a ~~good-cause~~ good cause waiver must be submitted to the Iowa Medicaid ~~enterprise~~, provider cost audit and rate setting unit, within 30 days of notice to the facility that the penalty is due.

ITEM 3. Amend paragraph **36.6(2)“c”** as follows:

c. Effective July 1, 2019, nursing facilities with annual Iowa Medicaid patient days of 21,000 or more are required to pay a quality assurance assessment of \$2.45 per non-Medicare patient day. Effective with assessment for the state fiscal year beginning July 1, 2021, the annual number of Iowa Medicaid patient days reported in the most current cost report submitted to the Iowa Medicaid ~~enterprise~~ as of June 1 of each year shall be used to determine the assessment level for the following state fiscal year.

ITEM 4. Amend paragraph **36.7(1)“a”** as follows:

a. Use Form 470-4836, ~~Nursing Facility Quality Assurance Assessment Calculation Worksheet~~, to calculate the quarterly assessment amount due.

ITEM 5. Amend paragraph **36.7(4)“b”** as follows:

b. Requests for a good cause waiver must be submitted to the Iowa Medicaid ~~Enterprise~~, Provider Cost Audit and Rate Setting Unit, ~~400 Army Post Road~~ 1305 East Walnut Street, Des Moines, Iowa ~~50315~~ 50319-0114, within 30 days of notice to the facility that the penalty is due.

ITEM 6. Amend paragraph **36.11(5)“b”** as follows:

b. Requests for a good cause waiver must be submitted to the Iowa Medicaid ~~Enterprise~~, Provider Cost Audit and Rate Setting Unit, ~~400 Army Post Road~~ 1305 East Walnut Street, Des Moines, Iowa ~~50315~~ 50319-0114, within 30 days of notice to the facility that the penalty is due.